Bring this card to each medical visit. Talk with your diabetes care provider about your care. Use the chart below to write down your results.

			Mylens	My Goal	Your Test Results			
	Test		My Long- Term Goal		Date	Date	Date	Date
Every Visit	A-1-C Blood Test (every 3-6 months)							
	Blood Pressure							
	Weight							
	Visual Foot (Check						
	Review Bloo	d Sugar	Records					
Every 6 Months	Dental Exam							
Every Year	Dilated Eye Exam							
	Urine Test fo	r Kidney	Function					
	Complete Fo	ot Exam						
	Cholesterol	Total						
		LDL						
		HDL						
	Triglycerides							
	Flu Shot							

	Check (✓) box after you talk with diabetes care provider.						
	Date	Date	Date	Date			
Healthy Eating							
Exercise							
Tobacco/Alcohol Use							
Medications							
Blood Sugar Testing							

I HAVE DIABETES. If I am acting strangely or cannot be awakened, my blood sugar may be low.

- If I cannot be awakened or cannot swallow, do not try to give me anything by mouth.
 Please contact Emergency Medical Services (911) immediately.
- If I can swallow, give me 4 to 6 ounces of fruit juice, sweetened soft drink, or other sugar source. If I am not better within 10-15 minutes, contact Emergency Medical Services (911) immediately.

Prescription & Non-prescription Medications
Name of Pharmacy

Date of Pneumonia Shot (Second vaccination is recommended if you are 65 years old and 5 years have passed since your first dose.)

Allergies

Date attended diabetes self-management education program

Diabetes Care Card



Discuss these issues regularly with your diabetes care provider:

- Complications
- Foot Care
- Stress Management
- Blood Pressure Management
- Daily Aspirin Use
- Blood Sugar Control (High and Low Blood Sugar)
- Use of ACE Inhibitor
- Safety Check on Meter
- Self-Monitoring Log Book
- Pre-pregnancy Counseling and Pregnancy Management
- Sick Day Rules
- Syringe Disposal

Diabetes Care Card

Name
Diabetes Care Provider
Diabetes Care Provider Phone #
Emergency Contact